

Title:

**Increasing parental involvement to promote dropout prevention.
Lessons from an RCT in Italian lower secondary schools.**

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Abstract Body

Background / Context:

It is well-known that socio-economic background matters in determining student performance. Systematic reviews confirm that a key role in shaping this association is played by parental involvement: even some randomized control trials (RCTs) proved the causal impact of family involvement on Literacy and Math achievement (Van Voorhis 2013 et al.; McConnell et al. 2015). Not surprisingly, successful interventions in education frequently have parental engagement as key ingredient of their protocol and the attention paid to this factor is increasing among policy makers and evaluators (McWilliam 2015; Weiss and Lopez 2015).

Italy is a country displaying high level of school dropping out and preventing it is a central purpose for our educational system. At the same time, Italy is a country with strong family ties.

In light of this knowledge, it seems particularly promising for our country trying to increase parental involvement in order to reduce students drop out risk. At the same time, it seems not viable asking teachers and school principals to be in charge for this action. Indeed, pressure on school system is already high and teachers overload is already a relevant issue. For these reasons, we looked for extra-school interventions. Among the available tools, Family Group Conferences seem particularly promising. Indeed, FGCs are a light and low cost intervention and they can be implemented without additional efforts for schools and also without the direct involvement of social services. Moreover, the use of Family Group Conferences (FGC) is increasing in many countries (Merkel-Holguin, 2003) because the model is recognized from practitioners as a helpful device to work with families in child protection. More recently this tool was applied also in other social settings, such as schools to prevent dropping out or student negative behaviours.

Notwithstanding the long experience with FGC and the popularity of the model, the international review of Blekesaune and Holtan (2005) underlines that their outcomes are not well documented and measured, especially in the long term. Several studies tried to estimate the FGC impacts, but they were not always successful and results are quite mixed (Brown 2003; Crampton 2003; Sundell and Vinnerljung, 2004; Marsh and Dawn 2007; Weigensberg et al. 2009; Hayden, 2009, Wheeler, 2003). Moreover, it should be noticed that few of previous studies were based on randomization.

Summing up, our study tries to build up an intervention to face a serious concern in the Italian context, basing it on previous theoretical and empirical knowledge and assessing whether this transfer was successful.

Purpose / Objective / Research Question / Focus of Study:

The study assesses the impact of FGC as a preventive tool in school setting. We wonder whether FGC could be successfully used with at risk students, to increase their parents' involvement and to improve their wellbeing in school. In order to answer these questions, we designed and implemented a randomized controlled trial.

Setting:

The RCT was developed in Garbagnate, a social district in Lombardy (Northern Italy) constituted by 7 (small to medium) cities in the province of Milan. The reason behind this choice is that the trial was conducted by a local social organization (Azienda Consortile Comuni Insieme) and the Department of Sociology of the Catholic University of Milano. The process was funded by the local Health authority (ASL1 of Lombardy) and two Grant Foundations operating in Lombardy (Cariplo and Peppino Vismara).

Population / Participants / Subjects:

In 2013, the intervention was offered to 17 lower secondary operating in the Garbagnate district: 15 accepted the invitation. Schools were asked to anonymously refer to the central staff of the project about 450 students (out of a population of about 4.000 individuals), 6th or 7th graders, experiencing school problems, who might benefit from a FGC. In each class of the schools, teachers acting as class coordinators will be in charge of referral (in agreement with their colleague teachers) to the project staff. A specific form has been devised for this function. Class coordinator will be asked to fill in a form for each referred student in order to collect detailed information about his/her characteristics and problems; this should help selecting students as homogeneous as possible. The schools provided only 262 students. The profile of the referred subjects fits the usual identikit of students displaying higher drop out risk: they are more frequently males, not natives, coming from family with lower social background and displaying previous school failures.

Intervention / Program / Practice:

FGC is a world widespread participatory approach (Connolly, 1999) used to help families finding their own solutions to solve problems that affects their lives. It is a structured meeting between family members, professionals and 'significant others' in which participants make a plan for the protection and the care of a child in need. It aims at enabling families to devise the best possible plan for their children, taking into consideration the concerns of the welfare service involved in the situation. In the FGC process, the family knowledge on needs, risks and resources is combined with the theoretical and practical knowledge of professional workers; FCGs help to build an alliance between families and professionals to share power and responsibilities in the decision making process involving a child. The FGC should not be considered simply as a social work intervention, but rather as a cultural approach based on the strong principle of 'empowerment' of families and children. It is a family led decision making process focused on making things change for the better of the child itself (Hayden, 2009). The model is based on the assumption that families are expert about their own problems, so that they are able to take control and to make safe decisions for young people. Even if they are in troubles, families are able to take care of their children, with the necessary support from the welfare services. The main actor of the FGC is a family that, in collaboration with social services, has to make a plan for the well-being of a child in need. Next to the family is the co-ordinator who plays a key role in the FGC process, being a relational guide for the family (Folgheraiter, 2004; Maci, 2011). The co-ordinator need not to be a professional, but must have some skills and

personal qualities. In general he must: be independent, that is not involved in making any decisions for the child; trust the strengths of the family; understand the child's needs; believe in the model; be flexible, friendly, and able to work autonomously. The co-ordinator works with the family to arrange the FGC. He is responsible for organizing and facilitating the meeting and his aim is to help the family and the practitioners to build a strong relationship, so as to produce a common 'Plan of intervention' to help the child.

The FGC approach, originally applied in the child protection system, has later been used in other fields, including education. The FGC approach, originated in the child protection system, has later been used in other fields, including education (Holton and Marsh, 2007). It is well known that the quality of school experience of young people depends (among other things) on parental involvement in the education process and on a good and collaborative relationship between families and school agencies. These aspects are particularly important when a student has some behavioural, attendance and learning problems. In this context of difficulties, the FGC is a quite simple way to help families and pupils, in collaboration with the school staff, to find good strategies to cope with problems. FGCs in schools share the same process of FGCs in the field of child protection, and the conference is marked by the same phases. The main difference is that the referrer is the school and the concerns are focused on a pupil school life rather than his/her troubles in family relationships and care. FGC in education allows children and their families to have a voice and to be considered as valuable resources by school and educational staff (*ibidem*).

Research Design:

Previous research about FGCs efficacy is mixed and quite frequently based on weak evidence: frequently impact estimates are not based on a randomized trial or on pilot trials with tiny samples, where the estimates uncertainty did not allow to detect effects. We ran a randomized controlled trial to assess the impact of FGC on student wellbeing as a preventive tool for at risk pupils.

The RCT is based on 262 referred students, randomly assigning half of them (131) to the treatment condition and the other ones to the control group (131). The first 131 students, and their parents, were invited to participate to a FCG process: 84 of them accepted the intervention and were treated (November 2013 - April 2014). The randomization took place at individual level, blocking on schools, and was successful in creating equivalence between the two groups on a large subset of observed variables.

Thanks to blocking and to the fact that we have pre-intervention measures (see further), the trial was powered enough to detect impacts, despite its sample size was smaller than the one assumed in the original design.

Data Collection and Analysis:

Before the referral and randomization processed, we administered a questionnaire to the student population enrolled in the 15 schools (October 2013 – pre intervention measures). The questionnaire contains a large set of psychological scales measuring students' self-confidence, their well-being in school and their feeling of being supported.

The same questionnaire was administered two times after the intervention, in order to have short term and medium term impacts (May 2014 and May 2015 – the latter is still under data processing). Moreover, in June 2014, we collected data about randomized students directly from schools, using administrative datasets (grades, absences, failure, etc.). Finally, we collected the national administrative id of all students (SIDI-code), and we will be able to get their math and reading scores measured at the end of the 8th grade through the National assessment standardized tests (June 2015 and June 2016). Attrition rates are negligible and balanced among assigned to treatment and control group.

Up to now, we conducted impact analyses on short term outcomes (questionnaire May 2014 and administrative data June 2014), but by the time of the conference we will be able to provide also estimates about medium term impact (questionnaire May 2015, administrative data June 2015, and, on half sample, the National assessment conducted in June 2015).

Due to the non-compliance (84 out of 131 assigned to the treatment accepted the intervention), we estimate both ITT and ATT. ITT was estimated comparing the 131 student assigned to the treatment to the 131 students assigned to the control group. We ran one model for each outcome, use linear regression. Pre-intervention measures of each outcome were used as covariate in the model, in order to gain statistical power. ATT was obtained through instrumental variable regression, where the randomization is our instrument.

Findings / Results:

At the end of the first year, the intervention showed to be effective on four outcomes: it increased parental involvement (as perceived by students), it reduced their perception of teachers' hostility and it improved their self-efficacy about learning and improved their satisfaction about their school experience. All these effects are statistically and substantially significant ($p\text{-value}<0.05$ and effect size $>.20$).

We did not detect any impact on the hard outcomes at the end of the school year, namely: students' failure, final marks in several subjects and truancies rate.

Conclusions:

We applied FGC in school settings and we assessed the impact of FGCs on student well-being and educational performance. At the end of the first year, the same when the intervention was delivered, we detected positive impacts on a wide set of outcomes: parental involvement, relations with teachers, self-efficacy and satisfaction about school experience. Nonetheless, we did not detect impacts on indicators of educational performance.

These results could be due to the fact that we are assessing the intervention impacts too soon. We just collected outcomes on the same students for the following year and, at the time of the conference, we will be able to assess whether the positive effects on student perceptions were persistent and transferred to education performance.

Appendices

Appendix A. References

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